

2021 Prior Authorization List and Utilization Guidelines – Medical & Surgical



APPLE HEALTH (MEDICAID) MEDICARE ADVANTAGE

CASCADE SELECT

Effective: January 1, 2021

Services for a specific program may not be a covered benefit; please call Customer Service to verify benefits and coverage or verify online at mychpw.chpw.org/en/provider

Line of Business (LOB) Legend:

WAH = Washington Apple Health IMC

CHNW = Cascade Select

MA = Medicare Advantage

*If no LOB is highlighted next to the service, then Notification or Authorization applies across all LOBs for that service.

CLINICAL TRIALS

DURABLE MEDICAL EQUIPMENT, PROSTHETICS & MEDICAL SUPPLIES

- All DME > \$500 allowed amount
- Bone growth stimulators
- C-Pap/Bi-Pap
- Chest compression devices
- Enteral Nutrition (21 and over)
- Enteral Pumps
- Hospital beds & accessories
- Ventilators
- Wheelchair/Scooters
- Wound Vac

UNLISTED CODES WITH CHARGE GREATER THAN \$250

Medical necessity documentation and pricing must be submitted with the request

EXPERIMENTAL/ INVESTIGATIONAL SERVICES AND DRUGS

GENETIC TESTING NOT RELATED TO PREGNANCY

HLA TESTING

PRIVATE DUTY NURSING AND HOME HEALTH

Any service provided in the home (RN, OT, PT, ST) requires prior authorization

OUTPATIENT AND SPECIALTY SERVICES

- Chiropractic (> 12 visits **MA** and qualifying **WAH** 20 and under; (see Benefits for further info)
- Hyperbaric oxygen treatment
- Orthoptic/Pleoptic Training
- Spinal Injections
- Therapies (PT/OT/ST): initial 12 visits in a calendar year do not require Prior Authorization. Prior Authorization is required for any subsequent visits.

TRANSPLANTS

- Evaluation/Work-Up
- Organ donation (living)
- Transplants (excluding corneal)

IMAGING/RADIOLOGY RADIOLOGY

- CT Heart with Quantitative Evaluation of Coronary Artery Calcium
- Intensity Modulated Radiation Therapy **WAH**
- MRI/MRA
- Proton Beam Radiation Therapy **WAH**

SURGICAL PROCEDURES

- All planned Inpatient procedures
- Arthroscopy, Knee
- Arthroplasty, Hip **WAH**
- Arthroscopy, Shoulder
- Bariatric surgery
- Cardiac Stents **WAH**
- Cochlear implant
- Endovenous laser/ Radiofrequency ablation
- Extracorporeal Membrane Oxygenation **WAH**
- Facet Neurotomy
- Hysterectomy
- Mammoplasty (Augmentation/Reduction)
- Reconstructive plastic surgery & supplies
- Rhinoplasty and septoplasty
- Sclerotherapy, leg veins
- Spinal Cord Stimulator
- Spinal surgeries

INPATIENT SERVICES

All admissions, planned and urgent, require notification of admission within 24 hours or next business day

- Administrative Days following denial of inpatient days require prior authorization **WAH**
- Inpatient rehabilitation
- Planned inpatient services, including surgery
- Skilled nursing facility

DOCUMENTATION REQUIRED TO SUPPORT DECISION-MAKING

Please provide documentation with the request to support medical necessity. Examples of appropriate documents include:

- Current (within 6 months, or more recent depending on condition) history and/or physician examination notes that address the problem and need for services requested
- Relevant lab and/or radiology results
- Relevant specialty consultation notes
- Other pertinent information

REFERRAL POLICY

PCP to PCP Referrals:

For All Plans - If you are the member's assigned PCP or group, an authorization to provide primary care is required from the Plan if your member needs to see a PCP outside of your group.

CHNW-Cascade Select: Any service provided by a non-networked provider for a Cascade Select member requires prior authorization. Cascade Select members will be redirected to networked providers whenever possible. Any request for authorization to a non-network provider should include rationale why the member cannot receive those services with a networked provider.

INPATIENT HOSPITALIZATION

CHPW requires notification of all inpatient admissions, planned and urgent, within 24 hours or next business day.

All planned admissions also require prior authorization.

BENEFIT and COVERAGE

This PA list is not all-inclusive. Please refer to the coverage guidelines for each unique line of business.

Washington Apple Health IMC = HCA Provider Billing Guidelines Manual and/or Fee Schedule

Medicare Advantage = National Coverage Guidelines and/or Local Coverage Guidelines

Cascade Care – Cascade Select = CHNW - Cascade Select Explanation of Coverage (EOC)

Failure to obtain the required prior authorization may result in a denied claim. Services are subject to benefit coverage, limitations and exclusions as described in plan coverage guidelines.

Please refer to the PA Code Lookup Tool for additional details on services listed.

<https://forms.chpw.org/pclt>.